



County of San Diego

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Medical Director's Update for Base Station Physicians' Committee March 2013

Since January there have been a number of cases of meningococcal disease in Tijuana. There are 25 possible cases with 16 confirmed, most laboratory confirmed with *Neisseria meningitidis*. The average number of confirmed cases in Tijuana in the previous seven years is five (range 2 to 9). The median age is 13 years (range 1-27 years). Five deaths have been reported, including an 18 year old who became ill and died later that day.

Clinical symptoms include fever, headache, nausea, vomiting, petechial rash, mental status changes, stiff neck and irritability, shock and hemorrhagic syndrome.

None of the confirmed and probable cases in Tijuana are known to have travelled in the United States, but investigators are working to monitor meningococcal disease and notify persons in close contact with cases.

In San Diego there have been two cases confirmed in 2013. The first is a 12-month-old admitted on February 12 with a three day illness and positive blood culture. Several close contacts did report recent travel to Tijuana. The second case in San Diego presented on March 11 with one day of fever, altered mental status, and rash. He died the same day. He had a positive blood culture for gram negative diplococci and further studies are pending.

Known close contacts have been identified and contacted to assess exposure risk. Those at risk were provided prophylaxis or referred to their healthcare provider.

Recommendations from Public Health to providers include maintaining awareness of the increased number of cases of meningococcal disease in Tijuana, taking a travel history when evaluating patients who may have symptoms suggestive of meningococcal disease. Additional information about meningococcal disease is available at <http://www.cdc.gov/meningococcal/>.

Any suspected case should be reported to HHS Public Health by telephone, (619-692-8499 business hours, 858-565-5255 after hours/weekends), so appropriate investigation and contact followup can be initiated. These reports go Public Health Epidemiology.

The symptoms above are typical for meningococcal disease. Patients can start with fever and malaise, but may progress rapidly into shock and die. The rash is hemorrhagic appearing and may be slight but then worsens rapidly. Patients often need aggressive resuscitation for shock and antibiotics should be given as soon as possible in the hospital.

PPE for suspected meningococcal disease includes standard precautions with droplet precautions. If secretions are copious, a gown, gloves, face mask protection with a surgical or similar mask is appropriate, especially if within 3 feet of patient. EMS personnel caring for ill patients will have chemoprophylaxis recommended for close contacts including CPR, suction, intubation, or other aerosol procedures. Many physicians provide chemoprophylaxis more liberally for this disease.

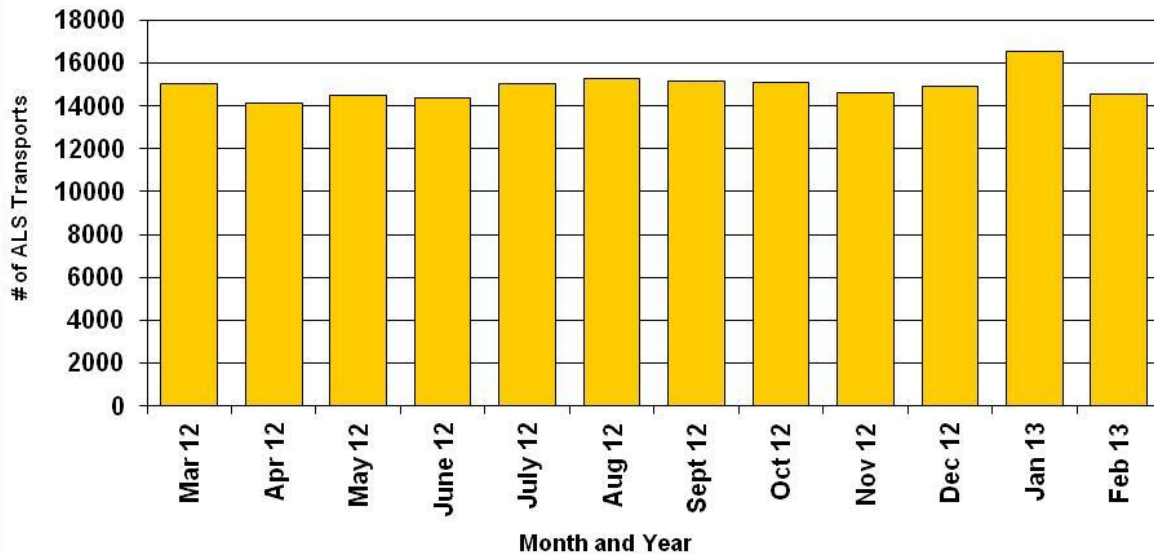
Drug Shortages continue to occur sporadically. Recently, dextrose was in short supply. Atropine has been difficult to obtain in the recent past. Notify EMS if there is a shortage that may require changes in how we administer medications. Each case is evaluated based on the specific medication, its use, preparation available and other issues.

Core Measures are data that serve as quality indicators in EMS. State EMS is working on a project to collect statewide measures. For now, 28 measures have been established covering a wide cross section of EMS care. Examples are scene times for severely injured patients or direct transport to a trauma center for severely injured patients. Measures have been established for trauma, STEMI, cardiac arrest, stroke, respiratory patients, pediatric care, pain intervention, ET success and ETCO2 use, ambulance transport covering response times, and bystander CPR for out-of-hospital cardiac arrest. Initially the number of measures will be limited, with a number added in the next year. It will take a number of years to make this process accurate and timely, but this is an opportunity to examine our system. Some of this data will come from EMS data, while providers will be asked to submit other data points.

EMS must submit data to the state by May 31, 2013. There are a dozen measures that deal primarily with response times. We will be asking agencies to submit data elements by April 30th. A letter with more detail should arrive soon.

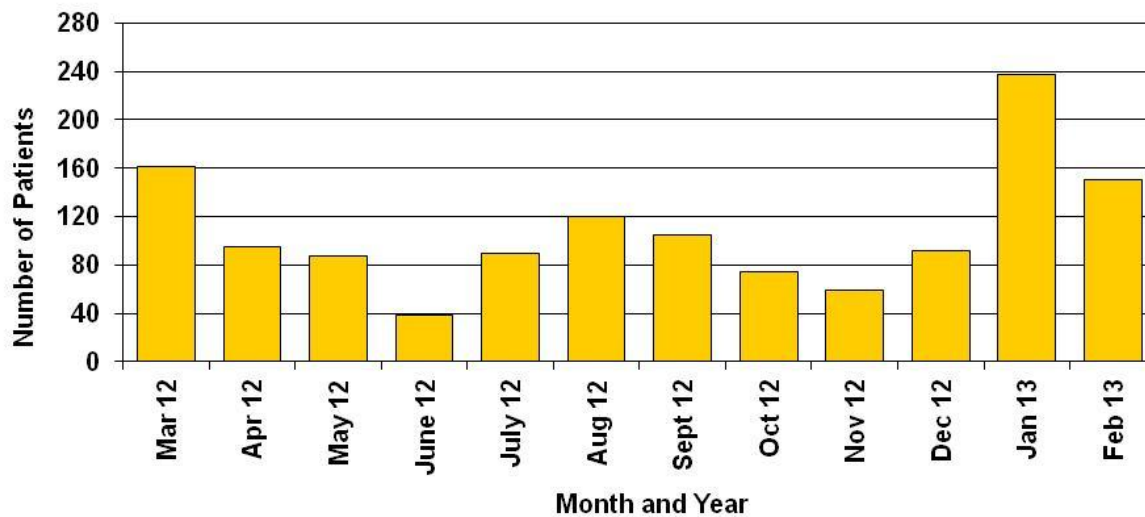
Dr. Paul Haydu died of leukemia on February 26. He was the Base Hospital Medical Director at Palomar for 20 years and chair of BSPC for 11 years. Paul had wide ranging interests in life from Karate and Jiu Jitsu to nature photography. He was bright and articulate and respected as an ER doc. He leaves his wife and two daughters who were the center of his life.

Number of ALS Transports, County of San Diego, Mar 2012 - Feb 2013

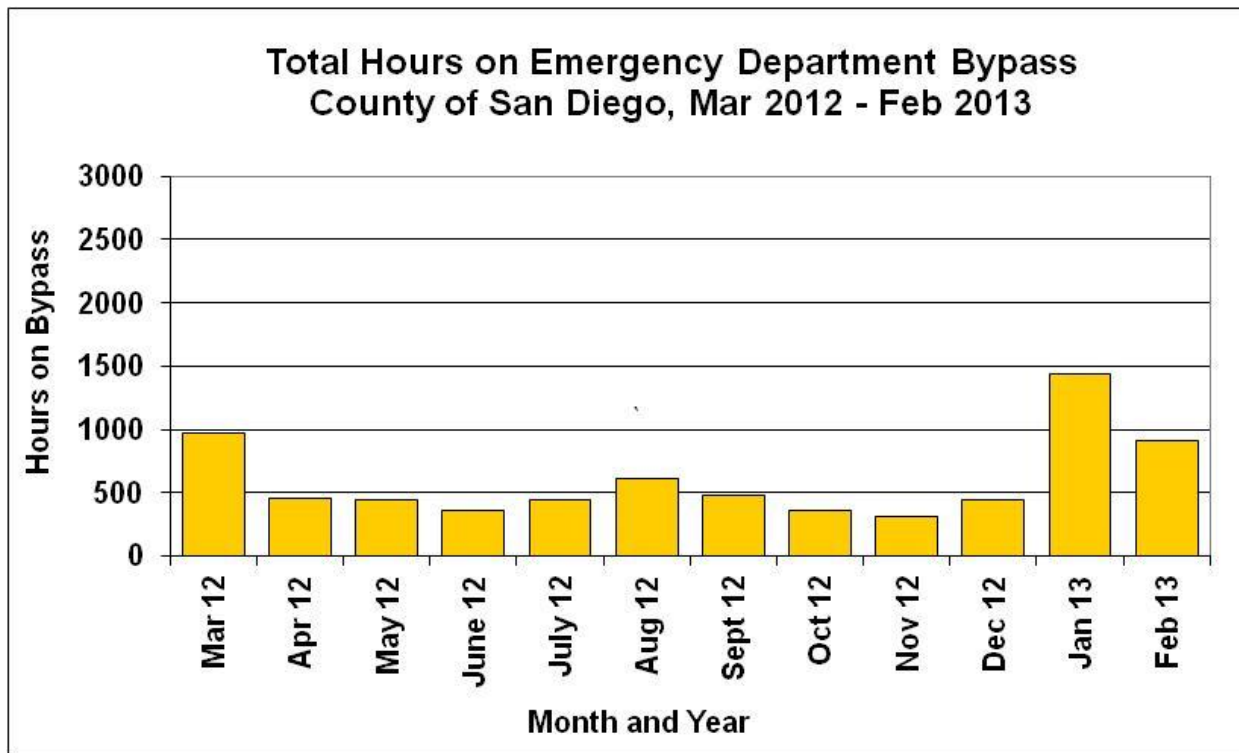


Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Mar 2012 – Feb 2013 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

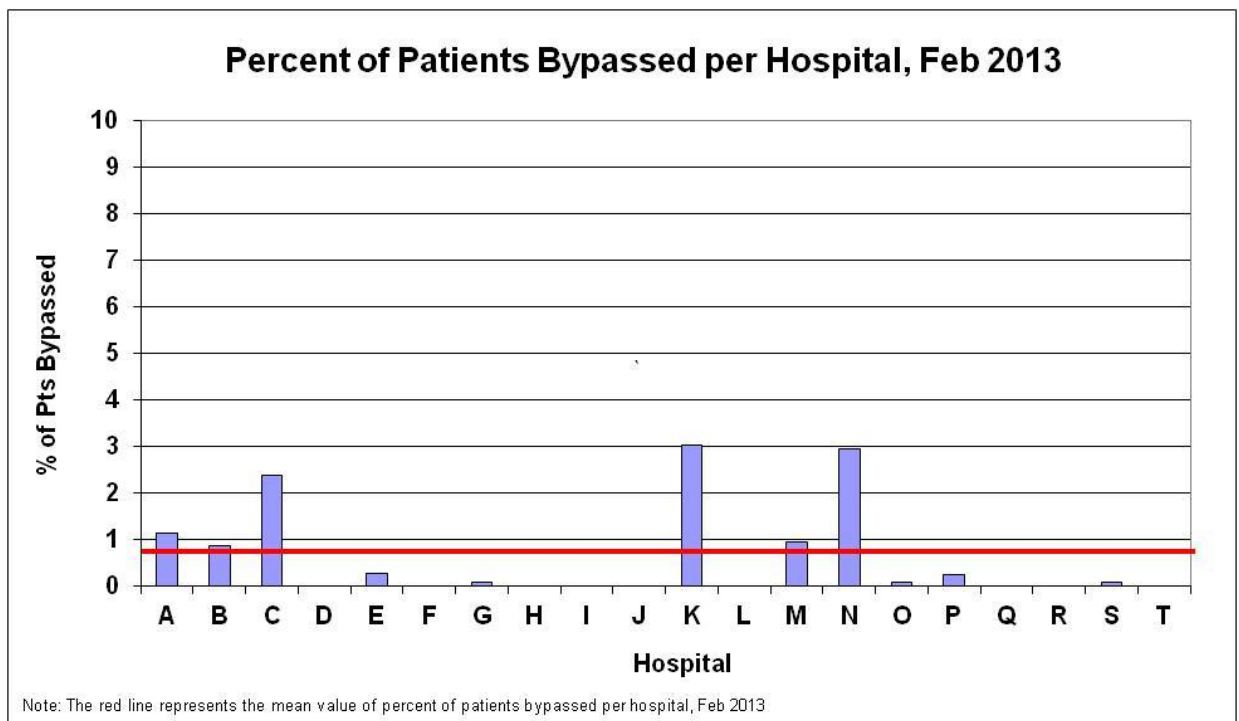
Number of Patients who Bypassed the Requested Hospital, County of San Diego, Mar 2012 - Feb 2013



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Mar 2012 – Feb 2013 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other



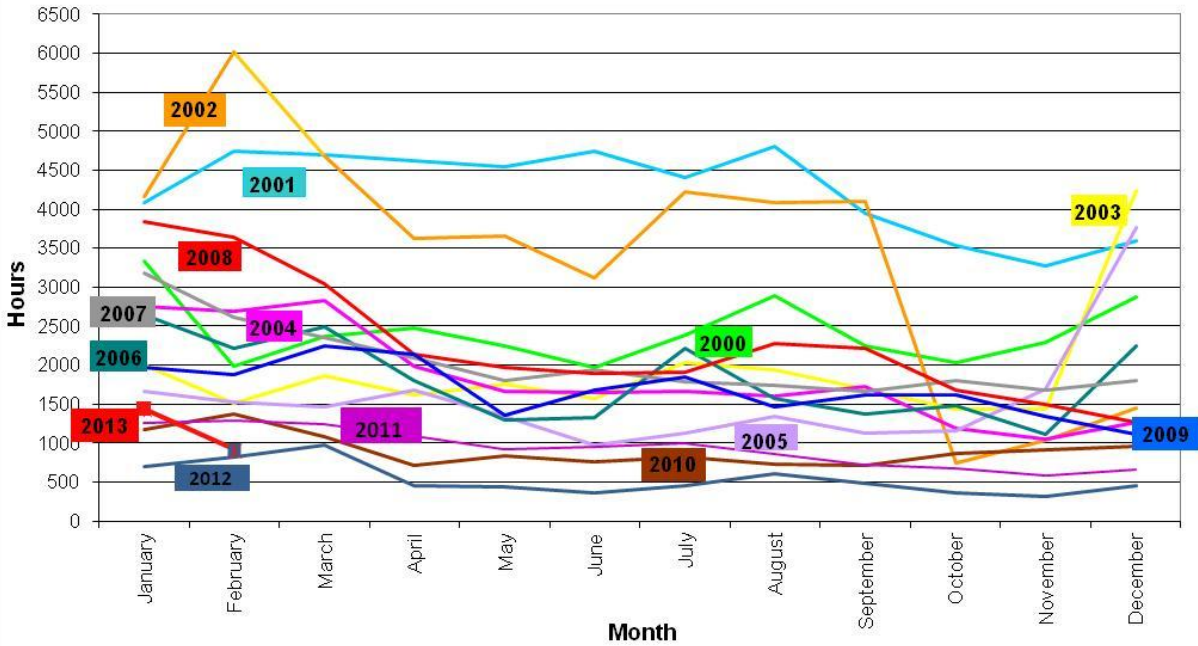
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Mar 2012 – Feb 2013



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Feb 2013

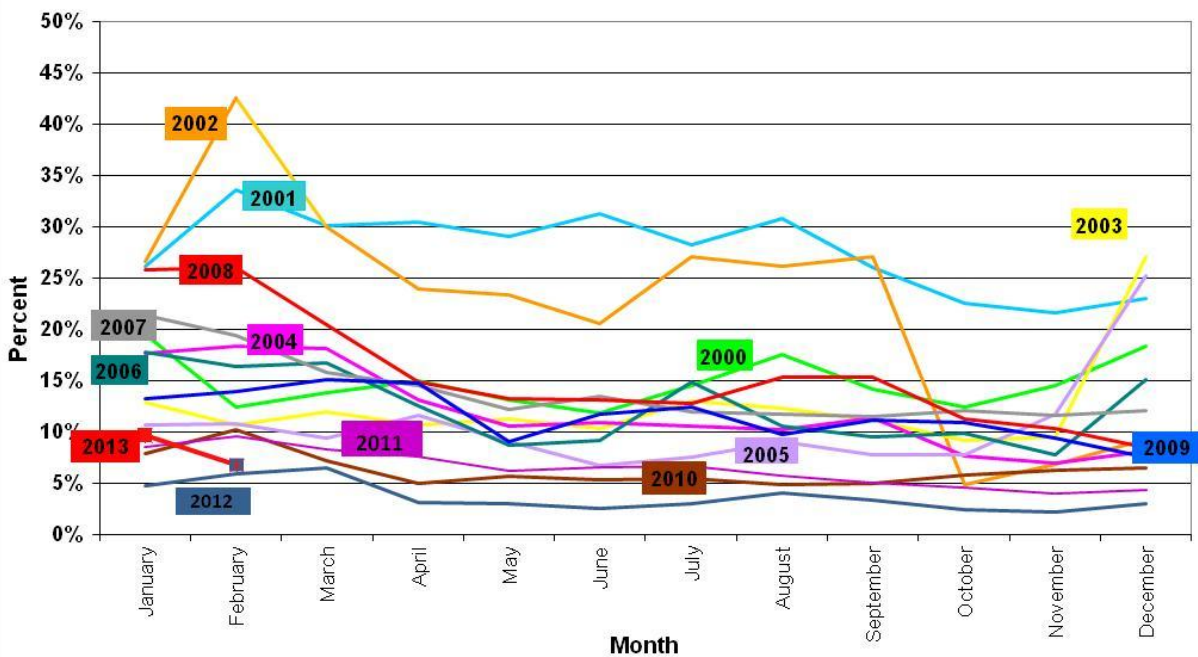
Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

Total Hours on ED Saturation by Month and Year, San Diego County, Jan 2000 - Feb 2013



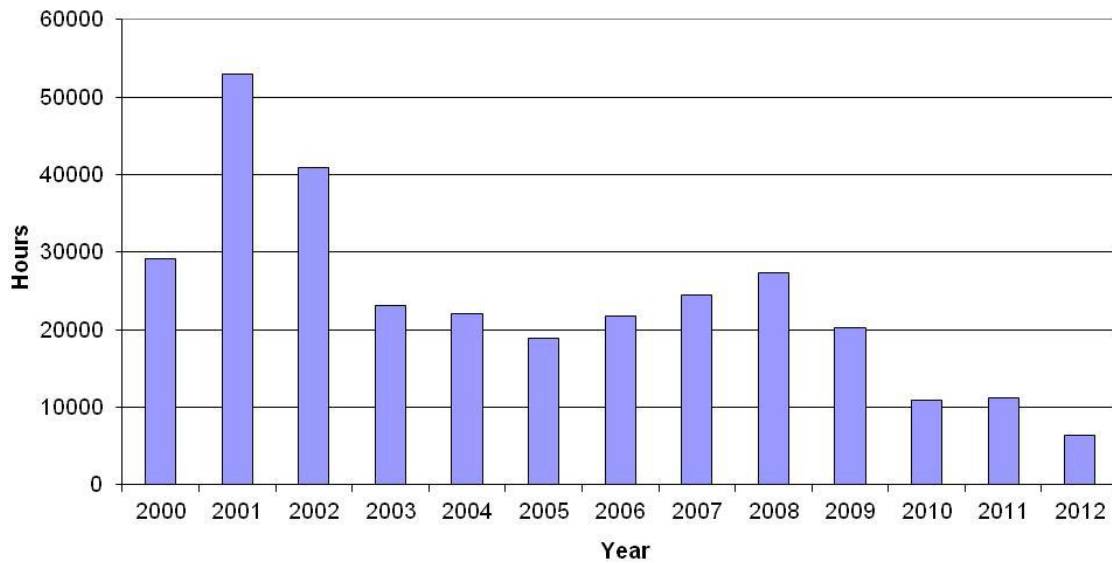
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 – Feb 2013

Overall Percent Hours on ED Sat Per Month San Diego County, Jan 2000 - Feb 2013



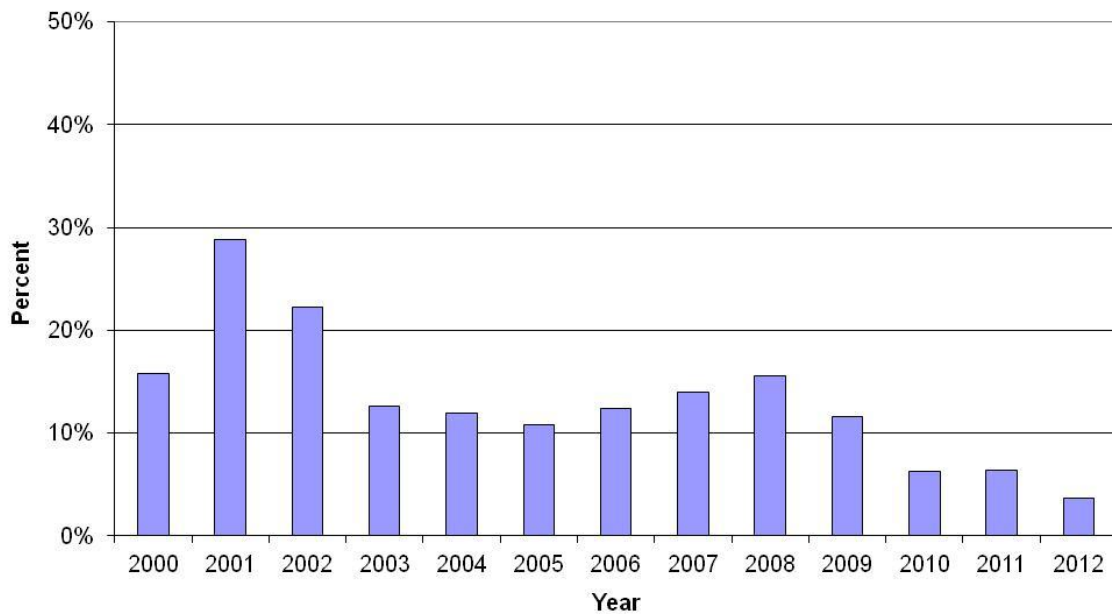
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –Feb 2013

Total Hours on ED Saturation by Year, San Diego County, 2000-2012



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2012

Overall Percent Hours on ED Saturation by Year, San Diego County, 2000-2012



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2012